



DIGITALIS INVESTIGATION GROUP

CLOSEOUT FORM

Center Name: _____

Randomization Number _____/_____

Date of Visit: Mo __ Day __ Yr __

1. Did patient come to Closeout Visit? Q1

A. If no, why? _____ Q1A_SPE _____

2. Did you prescribe digoxin? Q2

A. If yes, what dosage did you prescribe? Q2A mg per day

B. If no, why:

_____ Q2B_SPE _____

Name of Person Completing Form (Please Print)